

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Ohio

Leonard Truck & Trailer Inc.

Plaintiff(s)

v.

Leonard Buildings and Truck Accessories, et al.

Defendant(s)

Civil Action No. 4:21 CV 2362

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Leonard Buildings and Truck Accessories
dba Leonard USA
dba www.leonardusa.com
580 N Andy Griffith Parkway
Mt. Airy, North Carolina 27030

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

David A. Welling, Esq.
Choken Welling LLP
3020 W. Market St.
Akron, Ohio 44333

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: December 20, 2021



SANDY OPACICH, CLERK OF COURT

/s/ Mattilyn P. Gorby

Signature of Clerk or Deputy Clerk

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PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Leonard Buildings and Trench Accessories
 was received by me on (date) 12/20/2021.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☐ I returned the summons unexecuted because _____; or

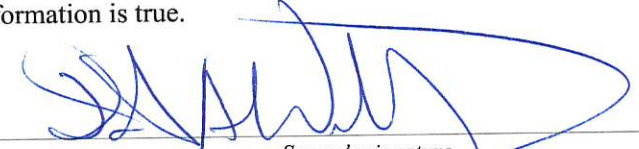
☒ Other (specify): Summons & Complaint served on 12/30/2021 via
certified mail return receipt (see attached).

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date:

1-6-2022




 Server's signature
David A. Wellington Attorney


 Printed name and title

3020 W. Market St, Akron, OH 44333

 Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Date of Delivery <u>12-30-2021</u></p>
<p>Leonard Buildings and Truck Accessories dba Leonard USA dba www.leonardusa.com 580 N Andy Griffith Parkway Mt. Airy, North Carolina 27559</p>	
 9590 9402 5599 9274 6706 83	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (00)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7019 1640 0002 2603 0474</p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

USPS TRACKING #	First-Class Mail Postage & Fees Paid USPS Permit No. G-10
 9590 9402 5599 9274 6706 83	
<p>United States Postal Service</p>	
<p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <p>Choken Welling LLP 3020 W. Market St. Akron, Ohio 44333</p>	